CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

2/2/07 MAR	OF CANDIDATE OR COMMITTEE		
00 10010	4 MOORE FOR		
2.b. IF COMMITTEE, NAME OF CANDIDATE	1	3. ELECTION DATE	
MARY WOORS		8-3-06	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City	State	Zip Code Phone	
000	ANDOGIA TN	37405 423-756-5	431
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.)	thought 110	31103 423 1000	06
Street or Rural Route City	State	Zip Code Phone	11
	MANDOGA TN	37405 423-756-925	7
5. OFFICE SOUGHT (include district number, if applicable)	-	TREASURER (may be candidate)	
HAMILTON CO. GIENETAL SECCIONSEC	14 Mrs. Joe	Laurechia	
7. CATEGORY OR REPORT (Check one)			
FIRST SECOND THIRD FOUNT QUARTER QUARTER QUARTER QUARTER		MID-YEAR YEAR-END SUPPLEMENTAL SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF REP		
10-1-010	1-1	5-07	
9. (Check one)			
a. This campaign is exempt from detailed disclosure	because contributions (including in-	kind) received total \$1,000 or less AND exp	endi-
tures total \$1,000 or less for this reporting period.	(Complete items 12d., 12e. and 12	f.)	
b. This campaign is required to file a detailed financia		(including in-kind) received total more than	\$1,000
and/or expenditures total more than \$1,000 for this	reporting period.		
	ta talas - ki wi ay		
 I/we do solemnly swear or affirm that the information co accurate accounting of campaign contributions and expe 	ntained in this campaign financial or nditures required to be reported by	disclosure report is true and that this report the candidate committee by the Campaign	is an
Financial Disclosure Act. Additionally, I/we swear or affili benefit of the candidate or for any other nonpolitical purp	m that no campaign contributions h	have been expended for the personal finance	ia!
beriefit of the candidate of for any other nonpolitical purp	lose as defined by the rederal litteri	A revenue code.	
		1 4	
M/S M//. 2-2	-07 M.1	S/100 2/2	10
signature of candidate 2 - 2	-07 Mal	e of political treasurer 2/2	69
11000		e of political treasurer	67
11000		e of political treasurer 2/2	67
signature of candidate date		e of political treasurer	67
signature of candidate date 11. WITNESS SIGNATURE	signatur		67
signature of candidate date	signatur	e of political treasurer date	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date	signatur		67
signature of candidate date 11. WITNESS SIGNATURE	signatur	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date	signatur		67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY	signatur	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	signatur	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	signatur	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD OS	Signatur Sig	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	Signatur Sig	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT b. TOTAL RECEIPTS THIS PERIOD c. TOTAL DISBURSEMENTS THIS PERIOD OS	Signatur Sig	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	Signatur Sig	nature of witness da	67
signature of candidate date 11. WITNESS SIGNATURE signature of witness date 12. SUMMARY a. BALANCE ON HAND LAST REPORT	SIDULEER - 2 PM 3:	nature of witness da	67

SUMMARY PAGE - CANDIDATE

3. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
MARY LOORE FOR Judge	FROM: 10-1-06 TO:1-15-07
RECEIPTS	
5. CONTRIBUTIONS (other than loans and interest)	
Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	•
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 1	15.b.)s
16. LOANS RECEIVED THIS REPORTING PERIOD	ss
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s_ -
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by cate	
\$	
\$	
\$	
\$	
\$	
ss	
\$	
s	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.i	b.)s _ -
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12	
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period	nd) s
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a.	and 22.b.)
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	s
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be sh	



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE MARY MODES FOR Sludge			FROM:16-1	2. REPORT COVERING THE PERIOD FROM: 10-1-06 TO: 1-15-07	
TOTAL ITEMIZED CAMPAIGN EXPE				4,053.9	
COMPLETE THE APPROPRIATE ITEMS			(expenditures totaling more than \$100 to any payee during		
nst Name MARLY	Middle Nar	ne S	Purpose of Expenditure	Amount of Expenditure	
odress 1220 M(SSISSIPPI AUE State I Zin Code		CANDIDATES SUPPLEMENT OF 7-9. RETURNED TO CANDIDAT	0 4.053.94		
			1-06		
		- RETURNED TO CANDID)ATE		
ChATTANOOGA	TN	37405			
rst Name	Middle Na	ne	Purpose of Expenditure	Amount of Expenditure	
st Name/Business Name					
doress			_		
lity	State	Zip Code			
irst Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
ast Name/Business Name			-		
		_			
ddress					
Ony	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure	
uast Name/Business Name					
Address					
City	State	Zip Code	_		
First Name	Middle Na	эте	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name					
Last Name/Business Name Address					
Last Name/Susiness Name Address City	State	Zip Code	_		